

Program Attendance Roster

Michigan Department of Labor & Economic Growth
Bureau of Construction Codes & Fire Safety
Office of Local Government & Consumer Services
P.O. Box 30222
Lansing, MI 48909
(517) 241-9347

Page 1 of

Number of attendees

Instructor: Complete the information below. Submit the **original copy** of attendance roster to the address listed above within 10 business days of program conclusion. Instructor must sign each page of the attendance roster.

Program Title	
Program Approval Number	
Credit Hours	
Category (Administration, Communication, Specialty, Technical, Plan Review and/or Fire Safety)	
Registration Classifications* (BO, BI, EI, MI, PI, PR and/or CFI)	
Instructor Name and Approval Number	
Program Location and Date	

Printed Name - MUST BE LEGIBLE	Code Official Registration Number	Certified Fire Inspector (CFI) Number	Initials - IN	Initials - OUT

Instructor's Signature _____ Date _____

*BO=Building Official, BI=Building Inspector, EI=Electrical Inspector, MI=Mechanical Inspector, PI=Plumbing Inspector, PR=Plan Reviewer, CFI=Certified Fire Inspector

Program Title	
Program Approval Number	

[illegible]

Instructor's Signature _____ Date _____